

Supplement to
Attachment 3.1A

Service 6b
Optometrists' Services

MONTANA

The following limitations apply to Optometric Services:

1. A Medicaid recipient is limited to one eye examination for determination of refractive state per 730 day period except for situations outlined in the provider manual.
2. Limitation does not apply to services required as a result of EPSDT.

TN: 97-10
Supersedes TN# 92-03

Approved 12/19/97

Effective 08/01/97

Service 6 (d)
Psychologists'
Services

MONTANA

The following limitations apply to Psychologists' services:

- I. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include all procedures, items and prescribed drugs:
 - A. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency;
 - B. Provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions; and,
 - C. Which may be subject to question but not covered in A. and B. above. These services will be evaluated by the Department's designated medical review organization.

MONTANA

1. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

MONTANA

The following limitation applies to Licensed Professional Counselor Services:

1. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

TN: # 99-007

Supersedes TN: #92-03

Approved: 12/20/99

Effective: 7/1/99

Service 6 (d)
Other Practitioners'
Services

MONTANA

Montana Medicaid applies the generic term Mid-level Practitioner to physician assistants and advanced practice nurses. Advanced practice nurses include certified nurse midwife, nurse anesthetist, nurse practitioner, etc.

The following limitations apply to Mid-level Practitioner services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include all procedures, items and prescribed drugs:

1. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency;
2. Provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions; and,
3. Which may be subject to question but not covered in #1 and #2 above. These services will be evaluated by the Department's designated medical review organization.

Service 6 (d)
Home Infusion
Therapy Nursing Services

MONTANA

Nursing services needed to administer home infusion therapy services may be provided by registered nurses employed by the home infusion therapy agency. The nursing services must be provided by qualified personnel as described in the home infusion therapy licensure rule (ARM 16.32.6).

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include all procedures, items and prescribed drugs:

1. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency;
2. Provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions; and,
3. Which may be subject to question but not covered in #1 and #2 above. These services will be evaluated by the Department's designated medical review organization.

TN 96-13

Supersedes: ~~94-84~~
NEW

Approved 10/03/96

Effective 07/01/96

MONTANA

Following limits apply to Home Health Services:

1. Home Health services, except skilled nursing services, are limited to a combined maximum of 100 visits per recipient per fiscal year. Services include in the 100 visits limit are physical therapy, speech therapy, occupational therapy, and home health aides. Prior authorization by the Community Service Bureau of the Senior and Long Term Care Division to exceed 100 combined visits will occur when there is no other equally effective less costly service available.
2. Skilled nursing services are limited to 75 visits per recipient per fiscal year, unless prior authorization by the Community Services Bureau of the Senior and Long Term Care Division. Prior authorization to exceed 75 visits will occur when there is no other equally effective less costly service available.
3. Visits in which Montana Medicaid covers the Medicare co-payment are not counted towards the limits as outlined in #1 & 2.
4. Limits noted in item #1 and #2 of this supplement do not apply to services provided to individuals under age 21 eligible for the EPSDT program.
5. A person receiving personal care attendant services may not receive concurrent home health aide services.
6. Home health services do not include audiology services.
7. Home health services may be provided by providers out of state only when the services are authorized by the Community Services Bureau of the Senior and Long Term Care Division.
8. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.
9. Limits recipient to one (1) Wheelchair every five (5) years: sooner based on medical necessity review performed by the Medicaid Services Bureau of the Health Policy and Services Division.
10. Limits recipients using diapers, to nearest package size over 180 diapers, per month.
11. Purchases or rental of medical equipment exceeding \$1,000 must be prior authorized by the Audit and Program Compliance Bureau of the Quality Assurance Division.
12. Nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area may be used by home infusion therapy agencies for the administration of home infusion therapy.
13. The durable medical equipment and supplies required for home infusion therapies will be provided by home infusion therapy agencies licensed by the Department of Health and Human Services.

MONTANA

Coverage Restrictions for Home Infusion Therapies:

Product Restrictions:

The Medicaid program prohibits coverage of some infusion therapies. Therapies that are not appropriate to be performed in the home and those potential high-risk therapies that would be more appropriately performed in a controlled environment, such as a hospital, are excluded from coverage through the home infusion therapy program. These therapies include but are not limited to: Anti-Ulcer, Aerosol Pentamidine, Blood Products, Growth Hormones, Biotechnology to include Human Insulin Products, Subcutaneous injections including but not limited to Erythropoietin, Growth Hormones and Filgrastim. Services that can be safely administered by the patient without the use of a home infusion therapy provider are also excluded from coverage.

Prior Authorization:

The Medicaid program, to insure that all requested therapies are medically necessary, restricts coverage of some therapies through the operation of a prior authorization program. The state utilizes the University of Montana, School of Pharmacy and Allied Health Sciences for literature reviews and recommended prior authorization criteria. The state DUE CARE (Drug Use Education, Concurrent and Retrospective Evaluation) Board approves the recommendations from the School of Pharmacy and forwards their recommendations to the Department. Infusion Therapy providers may submit prior authorization requests via 1-800 phone and fax lines or by mail. Responses are issued within 24 hours of the request.

Supplement to
Attachment 3.1A

Service 8
Private Duty Nursing

MONTANA

The following limits apply to Private Duty Nursing Services:

1. Private duty nursing services are limited to nursing services provided to a hospital inpatient when the patient requires individual and continuous skilled nursing care beyond that routinely provided by the hospital nursing staff.
2. Private duty nursing service must be ordered in writing by the patient's physician, and authorized by the department.
3. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

TN 92-03 Approved 6/2/92 Effective 1/1/92
Supercedes TN # 87-10-06

MONTANA

The following limitations apply to clinic Services:

1. Clinics covered by title XIX are:
 - a. Mental health services
 - b. Diagnostic and evaluation services
 - c. Outpatient surgical services
 - d. Indian health services
 - e. Public health services
 - f. Free-standing dialysis centers/clinics

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.